

# CLAIMS ONLY

Application Number

09/98 7,456

Filing Date

Applicant(s)

CLAIMS	7-25-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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13						
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45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

  

* May be used for additional claims or amendments						
	7-25-06					
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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100						
Total Indep						
Total Depend						
Total Claims						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

09/987,456  
APPLICANT

7-25-06

**CLAIMS**

*1 cont*

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104		/				
105		/				
106		/				
107		/				
108		/				
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150						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	92	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						